



Combat Stress, Residua, LLS and the Way Ahead

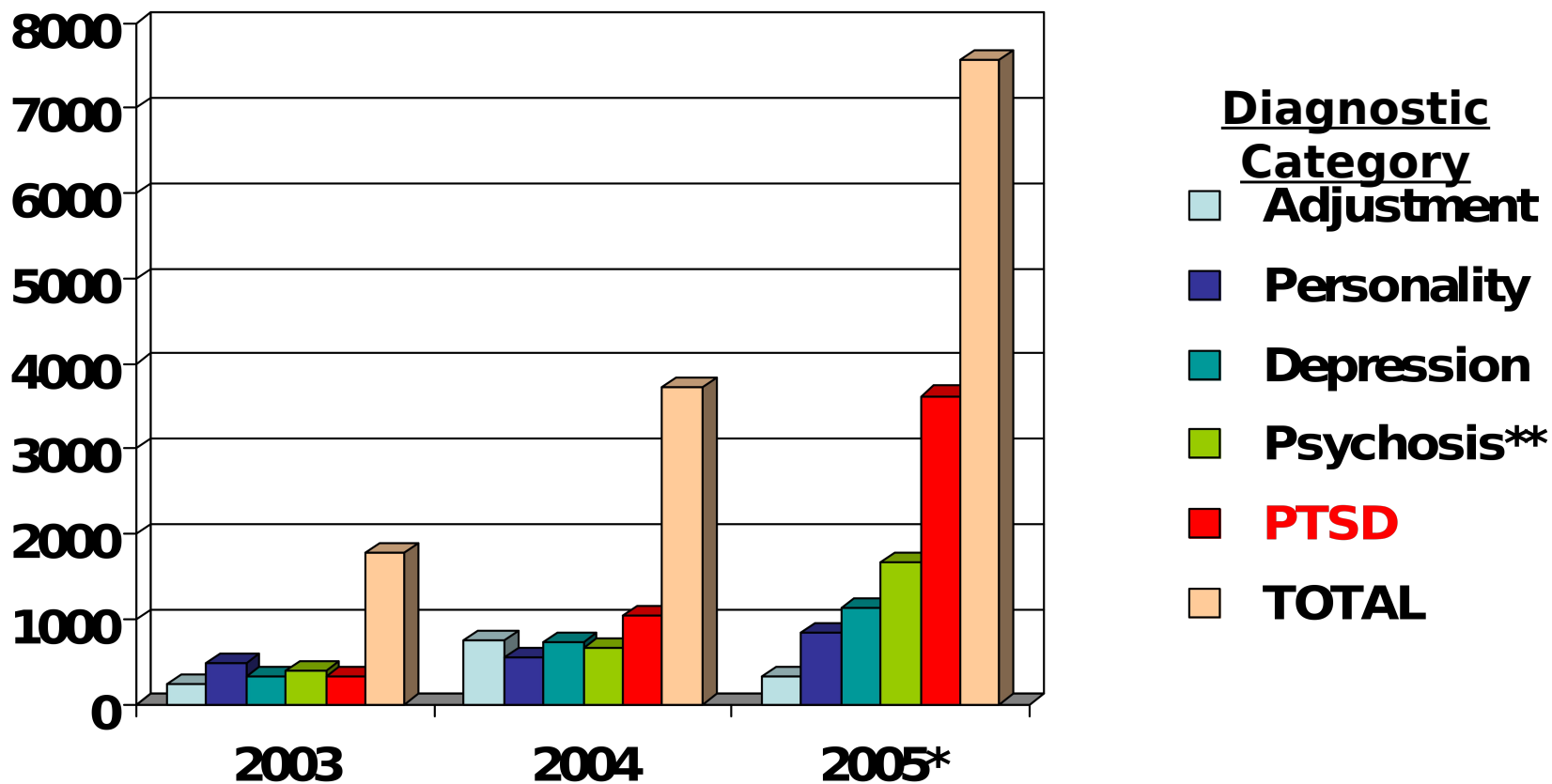


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Active Duty Mental Health Visits at NH Camp Pendleton



* Projected, based on first nine months of data
Disorder

** Includes Bipolar



Operational Stress: An Historical Reality



- Known in antiquity: the Achilles myth
- Modern documentation since the Civil War
- WW I: *Forward Psychiatry*
- WW II
 - Failure of psychological pre-screening
 - Rediscovery of forward psychiatry reverses epidemic of combat stress evacuations
- Vietnam
 - Realization that combat effectiveness can be maintained at the expense of long-term morbidity and mortality
 - 30% PTSD rate (and growing?) among veterans



Recent Developments



- Desert Shield/Desert Storm: inadequate stress management leads to DoD IG investigation, which concluded
 - Inadequate coordination of various components of stress management services'
 - Inadequate coordination between the services
 - Recommended that service secretaries establish comprehensive combat stress control programs under the leadership of the warfighters themselves
- USMC recognition of value of enhanced, integrated stress management capability
- The Long War
 - Asymmetric warfare – purposefully barbaric – with the goal of producing “terror”
 - Navy Medicine’s “defensive weapon system” in this regard: world-class stress inoculation, management, and treatment



Day 1-2





Day 3





Stress Survey, Day 14



Conducted by Division Officers at
morning quarters

Results obtained from 126 sailors (58%
of crew)

	%
How many require more than an hour to fall asleep?	40%
How many startle easily at a loud noise?	~~70%~~
How many are experiencing depression or irritability which did not exist prior to the explosion?	40%
How many experience anxiety when entering the skin of the ship?	20%
How many are afraid to walk through certain areas of the ship?	~~44%~~
How many are experiencing forgetfulness?	14%



Day 18





Mental Health Capability in the USMC



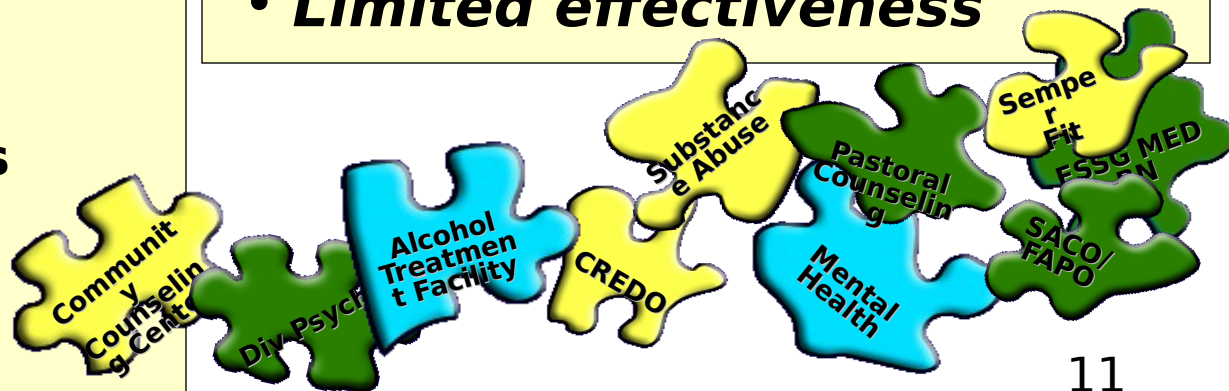
FMF (Active, x3)

- **Division**
 - 1 Psychiatrist
 - 1 Enlisted Psych Tech
- **Marine Logistics Group**
 - None organic
 - CSC platoon (augmentees)
 - 1 Psychiatrist
 - 2 Psychologists
 - 3 Psych techs
- **Wing**
 - None organic

MTF, MC Base MH

Services

- **Civilian model**
 - Inadequate coordination
 - Not operationally trained
 - Deployable, but as augments
 - Liaison/accountability to operating forces variable
 - Access hurdles/stigma
- ***Limited effectiveness***





Putting the Pieces Together



- **Multidisciplinary**
- **Early, coordinated intervention**
- **Accountable to operating forces**
- **Supports all phases of deployment**





Also To Consider. . .



- It's not necessarily all about PTSD
- The challenge of psychiatric epidemiology
- MHAT findings, implications for USN/USMC
- Screening and Stigma
- Populations at special risk
- Reserve Component findings: The importance of cohesion and leadership
- Coming home. . . How you come home matters



Posttraumatic Stress Disorder (PTSD) Dissected



- To develop PTSD, a person must have been exposed to a traumatic event
- The person **experienced**, **witnessed**, or **was confronted** with an event or events that involved actual or threatened death or serious injury, or threat to physical integrity of self or others



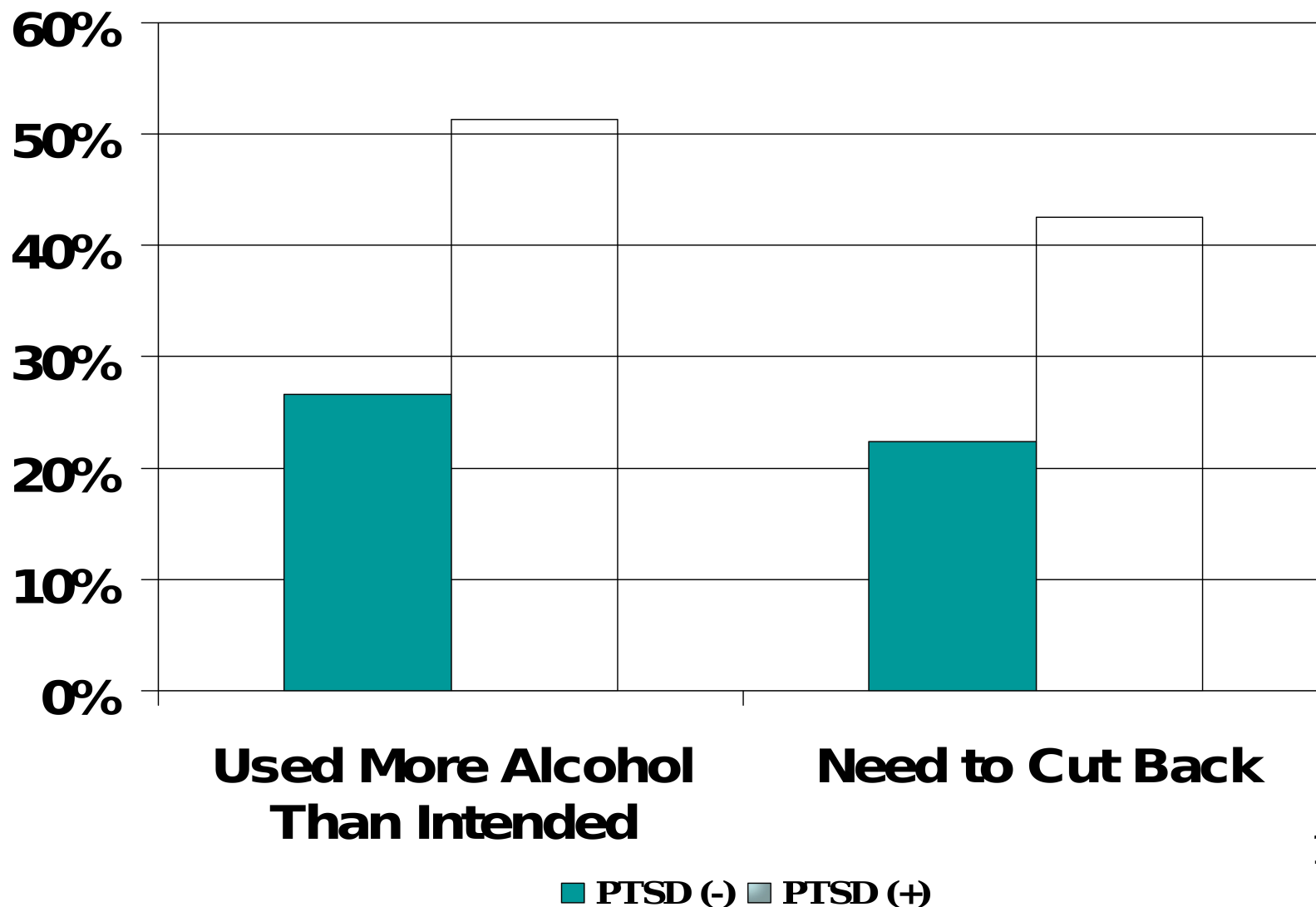
The Three Dimensions of PTSD



- Re-experiencing symptoms
- Avoidance symptoms
- Increased arousal symptoms



Co-Morbidity with ETOH





Perceived stigma to care among S/M who screened positive for depression, anxiety, or PTSD.

My unit leadership might treat me differently

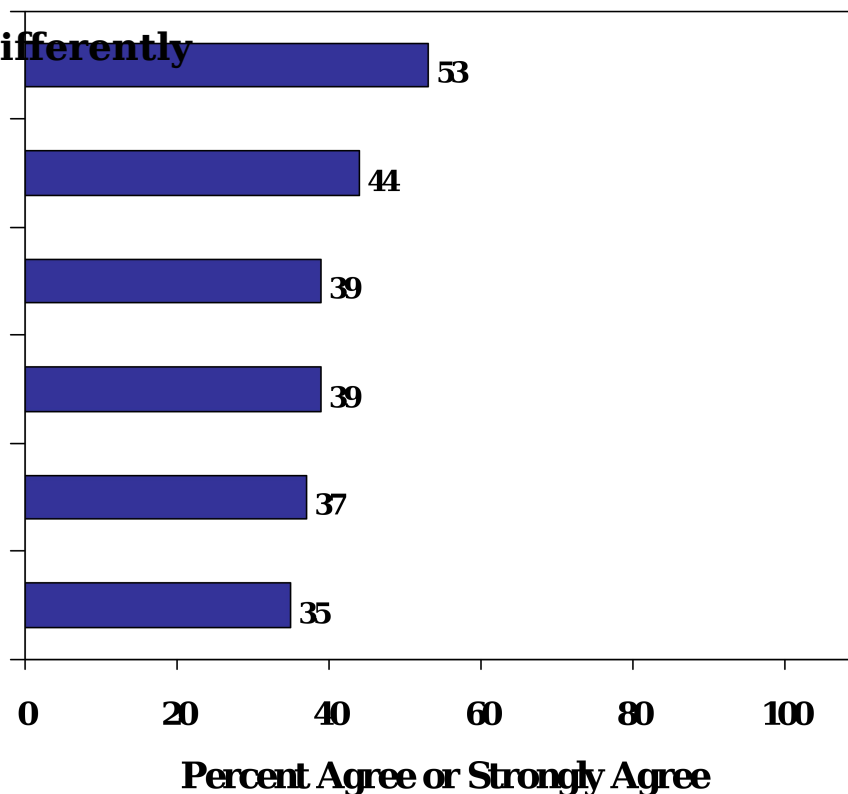
Members of my unit might have less confidence in me

I would be seen as weak

It would harm my career

It would be too embarrassing

My leaders would blame me for the problem





QUESTIONS?





Back-Up Slides